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SUCCESS AND FAILURE IN MEDICAL ORGANIZATION.

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The selection of a subject for presentation at society meetings is by no means an easy task at all times, if one were to consider merely the scientific feature of these organizations, but while we may and do consider the scientific phase of medical organization, the paramount feature, questions of social, ethical, economic and legislative importance to the profession at large, merit a consideration and discussion they rarely receive on the program of county and district societies. It is not sufficient that members should make a thorough and exhaustive study of scientific subjects brought before the society, but should seek to present in addition such other data and personal observations as may prove of interest or benefit to its members, and to seek to present at each meeting something that may prove of value to the society as a whole or to some individual member. The impression that exists among many that a society meeting is merely an occasion for mutual back patting and interchange of verbal bouquets is entirely erroneous. A society meeting is where we congregate shorn of all pretense and pomposity, to contribute our mite, be it much or little, to the common fund of knowledge and to frankly discuss such questions as come before us, to champion our personal theories, prejudices and opinions, fortified by such collateral data as we may have access to; to give credit where credit is due; to criticise fearlessly where criticism is warranted, and to cheer, support and direct the profession in the paths that lead to highest achievement. At these meetings we present

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ourselves, not as the physician whose theories and opinions are accepted by the laity without question or doubt, but as humble students seeking greater knowledge, divested of false value, judging and being judged by a body of our peers.

The value of an organization is determined by the ability, tact, energy and zeal of its members. Its maintainance and life are dependent upon the same factors.

In the brief review of the history of the Western Kansas Medical Society, which I shall present to you today, the frank criticisms I shall offer are not to be construed as reflecting upon any individual member, but apply to the society as a whole and are presented with a hope of correcting existing evils, avoiding future disappointments and contributing to the greatest welfare and utility of this society as a body. The Western Kansas Medical Society was organized and had its first meeting at Colby, November 15, 1905, its aim and objects being enunciated in Article 2, of the constitution, help, harmony and scientific advancement being primarily the objects in view. At this meeting there were present four active, practicing physicians who formed the organization, designed if possible to include the entire unorganized portion of the Eighth district. From this small nucleus, our organization has grown until it numbers among its members, representatives from every county in the Eighth district excepting Graham and Russell, and stands today with an enrollment of twenty members, energetic, capable and progressive representatives of the profession. With this membership let us glance back over the past two years and note what we have accomplished.

Our meetings have received only a fair attendance, the number of members in attendance at any meeting not exceeding seven.

Our programs have been filled at each meeting by voluntary contributions from members, the majority of whom have not appeared at the meeting, or appearing, have not prepared or presented their paper; the effect of this failure upon the part of those who have promised to contribute has been most detrimental to the interests of the society. I know of no better way to bring about an early demise of any society or organization than a failure on the part of those on its program to make good. A physician who puts himself to the inconvenience and sustains the financial loss incident to his attendance upon a medical meeting has a right to expect and demand something in return.

Let us examine into the abuse of this failure of interest. Our experience in the past has shown that at no time have we had an attendance exceeding 33 per cent. of our members. The natural conclusion is that the 66 per cent. who do not appear are either too busy or are not sufficiently interested in the welfare of the society to attend its meetings. If the former supposition were tenable the unfortunate members whose practices are so exacting as to grant them no time to attend medical meetings would be the object of our deepest sympathy but such is not the case. There is no member of this society whose time is so thoroughly taken up that he cannot spare a day every three months for his own advancement and that of the profession. Accidents may occur that may prevent a member from attending a meeting, but unforseen conditions are not so frequent or coincident as to debar two-thirds of our members from attending every meeting.

We may, therefore, frankly ascribe the failure in attendance to lack of interest, disinclination or fear that our contemporary who perhaps is equally disinterested may filch one of our patients from us during our absence.

Why is it that so many of those who have promised papers have failed to materialize? Every member of the society is capable of producing a first class paper every three months. We recognize no incompetents. Every member is a graduate of an approved school, his practice is such that each year he has an opportunity to study many interesting or unusal cases that would prove of interest to his colleagues. Peculiar phases and anomalous conditions have come under his observation which might form the ground work of creditable papers. Every member has encountered cases that have induced him to a closer study of literature of that subject than his fellows. During the past two years there have been only six of the members of the society to contribute papers or less than one third of the membership. Five, or one-fourth of the membership, have promised papers that have never materialized, and nine, or nearly one-half, have ignored requests for papers or clinical reports.

So much for the evils that have existed in the past. How are we to correct them in the future? The future success of this society depends on the amount of attention and labor we give it. If we expect it to grow and thrive, to become so attractive that members will be glad to attend its sessions, every member should take a personal pride in its upbuilding and seek, not alone by his attend-

ance, but by his contributions, to further its interests and promote its future advancement. Nothing but concerted, harmonious efforts can accomplish the results this society is designed to achieve; these may be briefly summarized as, scientific advancement, interchange of ideas, community of interest, professional tolerance, mutual protection, questions of public health, professional ethics, and the discussion of such economic and legislative measures as may affect the profession as a whole.

A candid review of the causes operative in the production of poor attendance and poor programs in this society in the past cannot help but point the way toward a more satisfactory and efficient organization in the future.

It should not be a question of who will contribute papers or clinical material, wherein each member seeks to avoid a contribution and if importunities become so pressing that he is virtually forced into it, regards it a penance upon himself and an infliction upon the other members. Members should not require those who constitute the committee on program to write them innumerable letters soliciting material for program, but should promptly and definitely respond to such requests. This is not a question of ethics but of common courtesy.

Every member should have something to present at each meeting, and having volunteered a contribution, should see that his paper is presented. To assure this let each member send in his paper to the president or the secretary as soon as completed, and then if he is prevented from attending a meeting he will have atoned in a measure for his absence. Let discussions be free; if you have an opinion at variance with the essayist, voice it. We do not meet to have each member say at the conclusion of each paper, "Them's my sentiments, too," but for a review and comparison of opinion. We cannot all look at subjects from the same view-point, we cannot all accept as final and true the mandates of modern text-books or high-class medical journals. Courage is the keynote of modern scientific advancement. We require courage to promulgate a new theory, to advance a hypothesis, to make a diagnosis, to perform a surgical operation, no matter how slight, to present a paper on any subject or to criticise one that has been presented. None of us is expected to know it all, but we all have an equal right to our opinion, and it is essentially to air these that these meetings are inaugurated.

It is our desire to develop equally along all lines. The man who leans naturally to some particular branch in medicine, who makes a careful study of certain special morbid phenomenon is capable of contributing much to our store of knowledge from his observations, but his progress in one direction may have resulted in retrogression in another branch where we may benefit him.

The man who practices medicine from a financial standpoint alone differs from the Charletan only in that he possesses a medical diploma and the ethics of the profession protect him. His object is mere personal gain, his heart is not in his work and scientific advancement is a secondary consideration. To nearly every recent graduate thrust into the professional arena, down at heel and out at elbow, the promising lure of things to be achieved, of discoveries made, of therapeutic battles fought and won, leading to professional success and ultimate financial independence is a beacon light and incentive to their efforts, but in how many of these does the primary consideration become overshadowed and ultimately swallowed up by the latter, and yet you will note that there are very few even among the most noted of the profession who have acquired riches from their practice alone. The practice of medicine must be regarded as humanitarian above every other consideration, calling for constant study, application and interchange of ideas, yet the man who develops along the scientific line, who carries philantrophy beyond reasonable bounds, cheapens himself in the eyes of the laity, forfeits their confidence in a measure, and is slow in winning the preference enjoyed by his smugly complacent professional brother, who in addition to his professional skill has also acquired executive and financial ability.

The practice of professional ethics has resolved itself into a pure question of reciprocity; while some of the fundamental principles of the original code are still observed, many of the finer sentiments that went to constitute the original warp and woof of its fabric have long since ceased to be observed by the majority of the profession with the result that it has become threadbare and filled with holes through which, by plausible excuses and specious self-reasoning the constant violator may artfully dodge. The reason for this degeneracy may be found in the lack of confidence in and petty jealousies existing among the practitioners in rural districts. These conditions are as constant and as bitter as they are uncalled for, and as their influence is pernicious and detrimental to the best

interests of professional and social co-operation.

The deplorable tendency among many of our professional brethren to ignore the fundamental teachings of the code is witnessed almost daily and is one of the strongest evidences of the degradation of our profession to that level of commercialism which must be foreseen when the foundation of our dignity and integrity is attacked. To those who think that by witholding the courtesy that the code has extended to their brethren, that by showing contempt for the judgment, professional ability, or honor of their colleagues, they degrade them in the eyes of the public, to those who for purposes of financial gain or selfish and mistaken motives of professional advancement resort to innuendo, veiled sarcasm or open reviling of their colleagues we are in duty bound to extend that great charity of the strong toward the weak, the mature and healthy toward the mentally peurile and diseased and to seek by precept and example to demonstrate the folly of their course and its pernicious influence upon the profession as a whole.

It is one, and by no means the least, of the objects of a medical society, to seek by bringing its members together to create a more fraternal feeling and to eliminate as far as possible all discordant elements. The constant and steady advancement in the requirements of medical education, the almost universal requirement of acedemic courses in applicants for admission into all the institutions of the better class at the present time, while unquestionably tending toward a progressive excellence in the quality of their finished product, and while such requirments will curtail the number of poorly situated, poorly equipped and poorer taught institutions, organized and conducted for profit alone, that yearly pour out their quota of half prepared and thoroughly incompetent "physicians," a greater evil in the form of growth and multiplicity of osteopaths, vitopaths, magnetopaths and other nondescript cults, who, profiting by the honest efforts of our legitimate institutions to improve their standards, will flood the country with their charlatanism is to be met and combated. These quacks are unlimited in their scope of practice, are morally, and at the present time civilly, irresponsible.

Early legislative measures should be inaugurated for their suppression and for the protection of the public and profession at large. The time to do this is not when the evil is established, but if possible to forestall it by the requirement on the part of state

boards of such preliminary education and familiarity with the fundamental branches as anatomy, physiology, pathology and chemistry as are required by regular practitioners.

Such legislation can never be attained except through the vigorous concerted action of the entire medical fraternity, and as a preliminary measure every county and district society in the state should embody its views on this subject in the form of resolutions submitted to the state society, that concerted action may be taken to forestall these threatened evils.

The issue of the establishment of a standard fee for old line life insurance which was taken by this society in January last at which time a minimum fee of $5.00 for all old line insurance was fixed, a copy of the resolutions printed in folder form and sent to all companies operating in our territory not paying the standard fee, has resulted in my locality at least, in securing the payment of this fee in all cases. In only one instance, that of the Banker's Life of Lincoln, was any quibbling indulged in. The above company, through the agency of their medical director, sought to make it clear that the hair splitting margins upon which their business was conducted, as well as the solemn duty they owed their patrons, absolutely prohibited the payment of such an extortionate price for medical examination, and intimated that the plutocratic tendencies of modern medical shylocks would result, if uncurbed, in the ultimate ruin and bankruptcy of all such beneficent (?) institutions as theirs, yet notwithstanding their penny wise policy the fee has been paid in our locality and I trust throughout the entire district.

This is certainly an encouraging beginning and shows what may be accomplished when we stand together loyally in a just cause. So much for the past and present. The future of this society is in our own hands. Regard it with indifference, make no special effort to attend its sessions, relegate the labor and trouble of it to your brother who perhaps has as little time to attend to it as yourself, complacently ignore requests for material and contributions and you will have a society that may exist a year or two in a perfunctory half-hearted way, but one that will eventually succumb to inanition. On the other hand, bestow upon it the care and time and study so worthy an enterprise deserves, endow it with the energy, zeal and resourcefulness so characteristic of the western doctor, and we will see it grow in usefulness, in scope and in importance until every member will experience a just pride in his society and his membership.

THREE CASES OF TETANUS, ONE CASE OF HYDROPHOBIA, ONE CASE OF PRIAPISM.

By Dr. A. J. BEST, Centralia.

Mr. President and members of the Association: In presenting this paper it is not my purpose to go into elaborate details, or to present the subjects in all their scientific aspects. Nor to go into the minutiae of the many theories advanced.

My object is to give you in as few words as possible my experience and observation, in the cases the naming of which constitutes the title of my paper, and the discussion of which I hope will bring out the experience of many of the members present.

The first in order, Tetanus, is one of the infectious diseases caused by a specific organism the tetanus bacillus characterized by violent tonic spasms, marked by exacerbations and remissions.

It prevails as an idiopathic affection, or as the result of injury.

Trismus nasentium is probably caused by infection of the umbilical cord. In women after parturation it is generally fatal. When it occurs spontaneously it is called Idiopathic Tetanus. The most favorable form of wounds for the development of the diseases are lacerated and contused wounds, especially when nerves are involved. Injuries to hands or feet are more apt to permit of infection, than are wounds of other parts of the body. The disease may, however, follow surgical operations, extraction of teeth, vaccination, burns, frost bite, insignificant scratches, etc. But the most prolific of all sources of contamination is the soil, espeically road dust. Rusty nails piercing the foot or hand are also very prolific causes.

It has been demonstrated that there is in connection with the disease a specific organism which can be isolated and cultivated. And animals can be made immune by inoculation with the blood of another which has had the disease.

(Diagnosis)—Osler says; well developed cases following trauma, could not be mistaken for any other disease. The spasms are not unlike those of strychnia poisoning, and in the celebrated Palmer murder trial, this was the plea of defense. The jaw muscles in strychnia poisoning, however, are never included early, if at all,

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and between the paroxyms there is no rigidity. The distribution of the spasm at the extremities, the peculiar position, the greater involvement of the hands, and the condition under which it occcurs, are sufficient to make the diagnosis clear.

My first case was a boy of five years old, injured in the face by a fall on a rusty nail. The wound was dressed and healed nicely, but in about eight days he was brought to my office presenting all the symptoms of tetanus. He lived two days. I saw him at one o'clock on the second day, he was sitting on his mother's lap apparently not suffering much, at five o'clock he was dead.

My next case was that of a young man of eighteen who was injured in a runaway. The fourth finger of his right hand was torn off and infected by road dust. I first saw him on tenth day after the accident. The wound was sloughing and angry looking, he presented all the symptoms of lock jaw. The wound was redressed, thoroughly cleansed, and pure carbolic acid applied. He grew rapidly worse, the muscles rigid, and the least noise or sudden movement producing spasm. One night during a thunderstorm the convulsions were almost constant. I used Antitetanic serum Bromides, Chloral, and hypodermics of morphine, with only temporary relief. At last I bethought me of the bath tub, and this gave the first permanent relief. He would lie for hours in the warm water comparatively easy, and in the course of time he completely recovered.

The third case was seen in consultation. A girl of nine years was injured below the knee by a rusty nail. The wound was reopened, swabbed with pure carbolic acid. Anti tetanic serum administered, together with the warm bath, and careful nursing ended in complete recovery.

My treatment, if seen immediately after a suspicious injury, is to thoroughly cleanse the wound, and apply pure carbolic acid. If a nail has pierced a hand or foot, I wrap insorbent cotton around a probe dipped in carbolic acid and insert it three or four times into the wound. This usually destroys the germs and prevents infection. In combating the actual disease, I would depend on the serum, warm baths, complete isolation, only the doctor and nurse allowed in the room—and the use of such remedies as would be necessary to make the patient as comfortable as possible.

Two recoveries out of three cases is above the average.

RABIES.

My next subject is rabies.

A boy of eight years old, the son of healthy parents, was bitten on the face by a cat that had been acting strangely for a few days. The wound was cauterized but in course of time I was called to see him, and on examination I found nothing wrong until he was offered some water, which caused spasm of the throat and choking. He lived about forty-eight hours after I saw him, dying from exhaustion.

Rabies is an acute infectious disease of animals. characterized by excitement, hyperaesthesia and deglitutionary spasms. More fatal when the wounds are about the hand or face, as when in other parts of the body, poisonous saliva is apt to be wiped off by the clothing.

The period of incubation is usually from four to eight weeks, but may be six months or a year or even longer. The wound through which infection takes place usually heals, but may become inflamed and irritated when the disease appears. As a rule only about ten to thirty per cent. of persons bitten by rabid animals become infected.

The spasms are very distressing and involve particularly the muscles of the neck and pharynx precipitated by the act of swallowing or taking liquids, hence the term, hydrophobia.

And here it might be well to mention the number of cases of pseudo rabies caused by worry and nervous excitement incident to bites from supposed rabid animals. These are probably the cases cured by the application of the mad stone, or Christian Science, the one as affective as the other.

Walker, in the Virginia Medical Monthly, says that the bite of a rabid animal will produce rabies in man or from animal to animal, but not hydrophobia from man to man. Senn, in his Principles of Surgery, in which all pathologists seem to agree, says the hope of recovery from true, well marked rabies is almost nil, death resulting in a few days. The treatment is essentially prophylactic. A ligature should be placed around the limb above the bite free scarifications and bleeding and the free use of carbolic acid. Pasteur treatment as a prophylaxis is by far the most important addition to our knowledge of prevention and treatment, since the first recognition of the disease and we hope to see greater results in the future.

PRIAPISM.

Our text books have very little to say on this subject, but we

find that it is a symptom in poisoning by certain drugs, also ingenito urinary irritation. Phimosis, myelitis, hypertrophy of prostate and vesical calculus. A young man about thirty years of age, with no history of veneral disease. Had always been healthy but of a nervous temperament. Questioning elicited the fact that he had been somewhat excited—naturally—which had caused an erection which failed to subside. The next day he followed the plow, which kept up the irritation. I called the second day and found him in a condition that many old men would give dollars to be in if only it was natural. Prescribed bromides in large doses, cold pack, and cathartics. The next day no improvement, nor the next, nor the next. During the time I kept up the treatment with hot and cold water, ice bromides, chloral, morphine, etc; but without relief. I then prepared the bath tub, keeping his body immersed in warm water. This seemed to give some relief and in a few days he was better, eventually recovered, and has had excellent health ever since. Married and has several children.

My diagnosis in this case was that the long continued erection ruptured a blood vessel in the corpora cavernosa, causing clot, the irritation of which kept up the trouble

In conclusion I want to say a few words in praise of the wonderful animal serums, antidiphtheritic, antitetanic, pasteurs prophylactic for rabies, adrenalin, and thyroidectin for exophthalmic goitre. And let us hope that in the next decade more and wonderful discoveries will be made along kindred lines until the old time incurable diseases wlil be effectually controlled. When the devotion and untiring zeal of our noble profession has brought its certain reward. When the myths, and scisms, and pathies of ye olden time shall go down before the triumphs of modern medicine.

DISCUSSION.

Dr. Mitchell:—If there is any efficacy in the treatment of tetanus by the serum, it must be before the development of symptoms. If we hope to antidote the poison, we ought to make an effort to give the antidote before the development of toxic symptoms to administer the serum. If you do, the history of cases is that you had just as well inject it into a dog.

Dr. Masterson:—One word in regard to hydrophobia We have some very well known men who say there is no such thing as hydrophobia. I saw one case that did not have a physician. I think every case of hydrophobia should be reported. I should like to hear the doctor's views on the treatment of hydrophobia.

Dr. ——, Hutchinson:—Have any of the men present used carbolic acid for tetanus? I should like to say something about it. I believe it is very

highly recommended by an Italian physician. I heard a very interesting paper on the subject read in our society. I do not remember the exact views that he presented; or, what the solution was that he used, but he reported some cases in which he had used the serum that were fatal. He treated this case with carbolic acid.

Dr. Bolton:—I have had but one case in my practice I used the treatment of which the doctor speaks My trouble was that I had never used it before and was afraid of it. I believe that if I had used more of it, I would have saved the boy's life. If I had it to do over, I should use more of it.

Dr. Shannon:—I have had no experience with tetanus in my private practice; but, while I was serving an interneship at the hospital, we had eight cases one fourth of July. On those eight cases, we tried several different kinds of treatment. Carbolic acid was tried. I would take issue with the essayist on the strength of carbolic acid to be used. A strong solution of carbolic acid simply closes up the means of drainage. You want to use it sufficiently strong to kill germs, but not strong enough to close drainage.

Dr. Stemen:—In regard to the prophylaxis where you have patients who have been wounded by tramping on nails. The treatment should be to thoroughly cleanse the wound. I have had an extensive experience in the treatment of this class of cases. I cannot say that I have used a strong solution of carbolic acid. One thing that is important is the drainage. You must drain those wounds and keep them open. I was surgeon for the Pennsylvania railway Company at one time; and, we had a round house burn down; and, in a year's time, we had one hundred cases of tramping on nails. Not in one case did I have a single case of tetanus. If you think you have not gone to the bottom of the wound, take a piece of catgut; dip it in carbolic acid and then in water. Cleanse the wound and cleanse thoroughly, and I do not believe that you will fail in many cases. The doctor failed to show that he got to treat the case at the time of injury. Surgeons should not have tetanus in their cases. They should not have tetanus developed. I must disagree in regard to the serum. I think that about two years ago on the fourth of July, we had a number of cases of tetanus in the city and I think we treated all successfully but one. One died. Do not stop if you have a case of tetanus that develops symptoms. Get serum and use it. Do not say it is too late to use it. Use it, even if the tetanus has developed. There is a chance and the patient should have the opportunity to take advantage of it.

Dr. Sheldon:—This question of the use of serum has been discussed both ways. Both are perfectly right in that a prophylactic dose is better for the reason that the serum will neutralize the poison if found in the blood. The last speaker is right in saying that you should give the serum This serum will not have any effect on the tissue that is already combined with the antitoxin, but the chemical material will neutrallize the poison already formed. We should give a prophylactic dose and keep on giving.

Dr. Stillman:—One word about carbolic acid. You can disinfect these wounds just as well by the use of permanganate of potash as by the use of

carbolic acid. You will not have some going to the grave as a result of carbolic acid poisoning, if you do.

Dr. Masterson:—Might it not be a fact that the fire at the round house where they stepped on nails had killed the germs?

Dr. Stemen:—It might be a fact.

Dr. Best:—I have not much to say in reply. I wish to mention the time for using the serum. If a man had a case of diphtheria and would not use serum, you would think him a pretty bad case, wouldn't you? The only way that I know to practice medicine is to do the best we can in every case, and leave no stone unturned. In the first case, I used nothing—the patient died in two days. In the other cases, I used the serum freely, and they got well. The Pasteur treatment I know nothing about. Of course, you cannot tell what kind of preventative is good and what is not. Many cases do not develop rapidly; and, some do That is the reason that the madstone has proven so good—it has been applied to cases that would have gotten well without treatment. I appreciate the doctor's remarks about drainage as well as the many other good points which this discussion has brought out.

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The second annual meeting of the association of Secrataries and Editors will be held at the Auditorium Hotel in Chicago June 1, 1908. Much good was accomplished at the Atlantic City meeting by comparison of methods used in the different states. It is hoped that Kansas will be represented at the Chicago meeting.

DYSMENNORRHOEA OF ADOLESCENCE.

By DR. P J. HENDRICKSON, Columbus, Kans.

Dysmennorrhea of Adolescense is an anomaly of menstruation coming on during the period of adolescence, or growing up period. The word "Adolescencence" comes from the Latin "Adolescens", which means to grow up, e. g. from a girl to a woman.

From a physiological standpoint this period is supposed to begin with the budding of the girl into womanhood, or, with the first mestrual epoch, and terminate with full physical development, which is placed at various ages in different countries, usually about the 22nd year.

Dysmennorrhoea of the Adolescent stage is not unlike dysmennorrhoea of the Post Adolescence stage. The word "Dysmennorrhoea is made up of three Greek words, Dys. Men. and Rheo, which is taken to mean a painful monthly flow. Dysmennorrhoea is not a disease per. se.; it simply announces an abnormal condition, which may have a number of causes.

Before attempting a description or ethological classification of the various forms in which this great "Bete Noire" presents itself, it will be highly appropriate to gain a knowledge of and a correct idea of some physiological standard from which to judge the departure through which the system has passed from a noraml condition.

Physiological action depends upon the existence of a anatomical structure, and in order to understand the nature of a function we must know something concerning the elements whose existence and nature makes the functions possible, hence, nothing short of a knowledge of the anatomy of the organs concerned in menstruation, together with their physiological action, can give any definite idea of a departure from a normal standard. The organs directly concerned in the function of menstruation are the uterus, fallopion tubes and ovaries.

ANATOMICAL STRUCTURE.

Space will only admit of a brief anatomical outlining of the uterus, and its appendages. The uterus is a triangular shaped body with its apex downward. Losing sight of its triangular shape when viewed on section, this organ may well be likened in shape to

Read before the Cherokee County Medical Society.

an ordinary pear, and when unimpregnated is about the size of an ordinary pear. It is situated between the bladder and rectum, and is held in position by the broad, the round, the utero-sachral and utro-vessical ligaments.

Structure:—The uterus is made up of three distinct elements, viz: Peritoneum, unstriped muscular fibre and mucous membrane.

The peritoneum covers partially its external surface. The mucous membrane lines the cavity of the body and cervix, while the muscular fibre, by far the largest constituent forms the tissue lying between them. (The blood and nerve supply will be consideed further on, under a separate heading.)

Coming next in point of continuity we have the Fallopion Tubes. The fallopion tubes are the tubes on each side of the uterus, running sinuously from its upper angle out towards the side of the pelvis. They lie enclosed in the upper free margin of the broad ligament and vary in length from 10 to 16 CM (3 to 4 inches). They are not of equal length, the right being fequently longer than the left. After leaving the superior angle of the uterus the course of the tube is straight for about 2½ CM (1 inch). It then curves outwards and forwards, and finally backwards and inwards, so that the whole tube has somewhat the shape of a shepherd's crook. Three parts come up for consideration: The isthmus, the ampulla and the pavillion or fimbriated end.

The isthmus is the staight narrow part of the tube which at its internal end opens into the uterine cavity, and has a lumin barely admitting a bristle. On transvrse section the diameter of the whole thickness is about 2 to 3 M. M.

The Ampulla (jug like expansion) is the curved and thick part of the tube having an average diameter of about 6 to 8 M. M. with a lumin admitting the ordinary uterine sound.

Fimbriated end: The free fimbriated end of the fallopion tube sometimes called the pavillion, is expanded and funnel shaped, and it is provided with primary and secondary fimbriae, surrounding the opening of the tube to which they converge, one special fimbriae running to the ovary.

One section, the fallopion tube is seen to be made up of three layers from without inwards, viz: Peritoneal, longitudinal and circular unstriped muscular fibres (the latter being inner), and mucuous membrane lined with ciliated columnar epithelium.

Connective tissues and elastic fibres lie between the perioneal

and muscular layers. No glands exist in the mucuous membrane which is folded in a longitudinal direction, especially in the ampula

A remarkable anatomical fact is that the ciliated epithelium lining the fallopion tube and pavillon is continuous with the squamous epithelium of the peritoneum; and that further, there is direct continuity between the vagina, uterus, fallopion tubes and peritoneum—so that the peritoneal sac in the female is not closed as in the male.

Ovaries: The ovaries, two in number, lie one on each side of the uterus, pojecting markedly through the posterior layer of the broad ligament.

Form, Size and Relation: The ovary is a small oval shaped body about the size of a walnut, the weight of which varies from 60 to 135 grains. The average longitudinal diameter of the ovary is about 1½ inches; the transverse diameter (average)is about ¾ inch; perpendicular diameter (average) ⅜ inch. The ovary has an anterior and a posterior border, and an upper and lower surface.

The anterior flattened and attached to the broad ligament. The anterior border is called the hilus, through which the blood vessels and nerves enter.

Relation: The long axis of the ovaries runs outward and forward, forming with the transverse axis of the uterus an angle open to the front. A part of each ovary, (about half), projects above the plane of the pelvic brim.—Husse & Schultz, on the other hand, figures the ovaries as having their long axis almost antero-posterior.

Ligaments of the Ovaries: In addition to the attachment which the broad ligaments give the ovaries, two important ligaments are described. The ovarian ligament, and the infundibulo pelvic ligament.

The ovarian ligament is about 3 C. M. in length (1 inch long), and extends from the inner end of the ovary to the corresponding upper angle of the uterus just below the uterine origin of the fallopion tubes. It is a longitudinal fold of the peritoneum into which the unstriped muscular fibre of the uterus is prolonged.

The infundibulo-pelvic ligament is about 2 C M long and runs from the outer end of the fallopion tube to the side of the pelvis. It is simply that part of the upper margin of the broad ligament unoccupied by the fallopion tube. The ovarian fimbria prevents the separation of the ovary and infundibulum tube.

Thus the ovary is kept in position by its attachment to the broad ligament, by the ovarian infundibulo-pelvic ligament. Its own

specific gravity has also a share in placing it as the ovary floats at a certain level.

Structure of the Ovary: The ovary has an epithelial covering differing from the Squamous Epithelium of the peritoneum in being made up of columnar cells with a dull lustre. It is continuous, however, with the peritoneal epithelium, the line of contact being mark ed by a whitish and elevated line. The epithelium covering the ovary is known as the germ epithelium. This distinctive term is of importance in connection with the developmnt of the ova.

On section and microscopical examination the ovary is found to consist of connective tissue vessels, nerves, lymphatics, and some unstriped muscular fibre. These are enclosed in an epithelial covering already described.

The connective tissue is divided into a corticle and medullary layer, the former lying beneath the peritoneum, the latter being at and near the hilus. The medullary layer is very vascular and has some unstriped muscular fibres around the branches of the ovarian artery.

The Graafian follicles are scattered through the whole substance of the ovary. The following points should be noted: A. The younger and smaller Graafian follicles lie in the corticle layer. Their size is generally about 1-100 inch in diameter and they exist in immense numbers. According to careful estimates the ovary of a female infant may contain 40,000 to 70,000 such follicles. B. The larger follicles are much fewer in number and lie deeper in the ovary; size 1-30 to 1-100 inch in diameter. There are still larger follicles near the surface than the latter; these have advanced from the deeper layer.

Structure of a Graafian Follicle: This consists of,

1st. An envelope of connective tissue with capillary vessels.

2nd. The membrana granulosa, a layer of nucleated columnar epithelial cells forming the discus proligerus at one part.

3rd. Fluid. The ovum (size 1-100 to 1-130 in. diameter) lies in the discus proligrus. It has, first, an external envelope—zona pellucida; second, yelk protoplasin; third, germinal vesicle (diameter 1-700 in.) fourth, germinal spot (1-300 inch in diamater. Parovaium (organ of Rose Muller). If the broad ligament be held between the light and the observer's eye, this rudimentary structure will be seen enclosed in its folds in the space between the ovary and ampulla. It consists of closed tubules lined with ciliated epithelium, which

converge towards the ovary and are united by a longitudinal tube. Their pathological degeneration produces the cystic tumors, known as parovarian. Just what part the parovarium might play in the production of dysmenorrhoea is not well known to the writer.

Having given a partial and rather imperfect anotomical description of the organs directly concerned in the function of menstruation, our attention is now called to the most important element in the make up of the female generative apparatus, namely: blood and nerve supply. The ovarian artery of each side (corresponding to the spermatic of the male) is a branch of the abdominal aorta. Its relation when in the abdomen does not concern us here. In the pelvis it passes between the layers of the broad ligament, running tortuously towards the upper angle of the uterus. Near this it divides into two branches. The upper supplies the fundus uteri; the lower anastomoses at the side of the uterus with the uterine artery. The ovarian artery gives off—branches to the ampulla of the fallopion tube; branches to the isthmus, numerous branches to the ovary, and branches to the round ligament.

The uterine artery springs from the anterior division of the internal iliac and passes downward and inwards towards the cervix uteri; it then passes upwards between the layers of the broad ligament by the sides of the uterus in an exceedingly tortuous manner to anastomose with the ovarian. Branches pass from it into the substance of the uterus. These are known as the curling arteries of the uterus.

The vaginal arteries usually spring immediately from the anterior division of the internal iliac artery, but sometimes arise from the uterine or middle hemorrhoidal.

A special branch of the uterine artery to the cervix joins with its fellow at the isthmus to form the circular artery, and with those of the vaginal to form the asgos artery of the vagina. The vaginal arteries anastomosing freely with those of the opposite side. It will readily be seen why a ligature on the broad ligament in removing the uterus will control all hemorrhage.

Venous Supply. The venous supply of the pelvis is very abundant, and exists in the form of numerous plexuses freely communicating with one another. The veins are unsupplied with valves, which explains the profuse nature of a hemorrhage from wounds in the pelvic region.

The venous plexus lies extended to the muscular coat of the

bladder. The hemorrhoidal plexus lies below the mucuous membrane of the lower part of the rectum. The veins of the labia correspond in distribution to the arteries. Those from the outermost parts drain into the pudic which opens into the common iliac vein. The veins from the glands and corpora clitoridis pass into the dorsal vein of the clitoris, which communicates with the vessical plexus.

The vaginal plexus—one outside the muscular coat and one in the submucous tissue—are most abundant at the lower part of the vagina, communicate with the hemorrhoidal and vesical plexuses, and open into the internal iliac vein.

The uterine plexus is very abundant, and ulitmately opens into the ovarian veins, which pass on the right side to the inferior vena cava, on the left side to the left renal vein. The veins are small; they open into large sinuses in the middle layer of the coat, with which the capillary vessels communicate. The ovarian plexus, sometimes called the pampini form plexus, lies between the folds of the broad ligament and communicates with the uterine plexus. Some apply this term to all the veins in the broad ligament. The ovarian plexus opens into the inferior vena cava.

Beneath the peritoneum and between the layers of the broad ligaments are vast venous plexuses. A knowledge of these intricate, tortuous and anastomosing blood channels may sometimes reveal causal factor in the production of the so-called mechanical dysmennorrhoea by identifying a huge pelvic hematocele.

The vasical hemorrhoidal and vaginal plexuses, with the pudic veins, open into the internal iliac vein which opens into the inferior vena cava.

From the hemorrhoidal plexus, the superior vein passes into the postal system and thus we get a communication between the pelvis and postal venous system.

Lymphatic Glands and Vessels. The lymphatic glands and vessels are quite freely suppiled to all the pelvic organs. In passing this part of the anatomy of the female generative organs it must not be inferred that the lymph gland and vessels are mere matters of anatomical detail, but are of the highest pathological and practical importance. The richness of lymphatic supply to vagina, cervix and uterus explains the extraordinary rapidity with which septic matter spreads through the body, and the extreme danger attending a slight lesion of the internal genital organs, when septic

matter is present and absorption has taken place. We may remark here, that septic matter will, of course, follow the lymphatic routes. A minute tracing of the lymphatic supply of the pelvic organs cannot be indulged in at this time, owing to the undesirable length of this paper.

Nerve Supply. The nerve supply of the pelvic organs come from the spinal and sympathetic.

The spinal gives branches to the levator and sphincter ani through the hemorrhoidal branch of the pudic, 4th and 5th sacral and coccygeal nerves.

Sympathetic: The hypogastric plexus, which lies between the common iliac arteries gives off branches which, reinforced by branches from the lumbar and sacral ganglia and sacral nerves, form the inferior hypogastric plexuses—on each side of the vagina. From these filaments proceed to the vagina, uterus, fallopion tubes and ovaries.

Now with this rough, disconnected and desultory anatomical description of the parts concerned in the function of menstruation, we will endeavor briefly to consider the physiological aspect of the subject.

Menstuation should be explained in this wise: An ovum ripens; this swelling of the Graafian follicle irritates the nerve termini in the ovary. The irritation is propagated to the central organs. Through reflexes, by vaso-motor processes, an arterial congestion of the internal female sexual organs is set up. This in turn increases the liquor folliculi so that the thick folliculi breaks and permits the ovum to escape-ovulation; and, second, the uterine mucosa becomes so hyperaemic that there occurs a bursting of the peripheral vessels, hemorrhage upon the surface of the uterine mucosa-menstruation results.

When these various physiological steps are taken in a normal way we have eumenorrhoea, or easy menstruation. Any marked departure from this standard would be denominated dysmenorrhoea

All pathological conditions existing in the system of the female, when a direct or indirect connection can be traced—through anatomical construction with the generative apparatus, including muscular tissue, serous membranes, blood or nerve supply, may be designated as a causal factor in the production of anomalies of menstruaiton.

Dysmenorrhoea is a menstrual disorder sometimes called mens-

trual colic, intermenstrual pain, lumar-neuralgia.

Dysmenorrhoea, as we have said before, is not a disease of itself; it is simply pelvic pain associated with pelvic congestion and is a symptom common to numerous diseases.

Dysmenorrhoea may be local or pelvic, general or constitutional, or reflex in origin.

Thus we find dysmenorrhoea in neurotic and hysterical women, in anaemic, undernourished and constipated women, in chronic malarial conditions, in stenosis of the os or uterine canal, in imperfect development of the uterus (small body and large cervix) in flexions and malposition of the uterus, in uterine and pelvic tumors (fibroids) and circulatory disturbances (heart disease).

Dysmenorrhoea of the purely neuralgic form is found in cases of autointoxication from intestinal putrefaction, certain subjects of a toxic nature seem to have a predilection for irritating certain nerve tracts, a fact which is frequently overlooked in the therapeutical management of all forms of neuralgia.

Dysmenorrhoea, therefore, is produced in various ways by various pathological conditions, and the therapeutical management of a case of dysmnorrhoea must be the result of a careful study and analysis of the underlying pathological conditions.

Dysmenorrhoea is usually divided into certain forms. In view of the foregoing facts in regard to its causes we fail to see how a classification can be warranted.

It is claimed by some that dysmenorrhoea is associated with certain diathesis, such as the gouty and rheumatic.

2nd. Spasmodic, due evidently to a neurosis. 3rd. Membranous dysmenorrhoea; 4th. Dysmenorrhoea associated with inflamatory conditions of the ovary, peritoneum or cellular tissue; 5th. Ovarian Dysmenorrhoea. Permitting us again to call attention to the fact that dysmenorrhoea is not a disease per se. we are inclined to look upon the above classification as unnecessary and unscientific.

Losing sight of names and classifications of diseases, we are induced to search for conditions and causes, the removal of which constitutes rational therapeutics.

Treatment: The treatment of dysmenorrhoea is both palliative and curative or iterim. Among the palliative measures may be enumerated, 1. Rest in bed, hot applications, prolonged hot sitz baths, hot drinks, hot bags to the lumbar spine, and the exhibition of such nerve sedatives and antsipasmodics as will remove the agony of the patient and secure rest, which usually follows the estab-

lishment of the flow.

A very useful recipe in my hands consists of oz. III of Hayden-Viburnum compound. with oz .I of Papine. A teaspoonful in hot water every half hour until 4 or 5 doses have been taken when the intervals may be extended if relief is promising. Hot pediluviam may synergise this prescrpition if the extremities are cold.

If the patient is a blonde and exhibiting great emotional excitement, disposed to cry easily, evidencing marked sympathetic disturbance, I have found the Tr. of Pulsatilla in one drop to two drop doses every half hour to act admirably. I have recently found the alkaloid of conium maculatum gr 1-67 administered in hot water every half hour for 4 or 5 doses to give entire satisfaction in dysmenorrhoea, also Gellsemin the concentration of Gellsemium in 1-10 gr. doses to have a remarkably soothing effect in these cases, especially if pushed to its physiological effect on the eye lids. Extreme cases, however, will be met with wherein we feel justified in resorting to more heroic measures—such as hypodermic medication and the administration of chloroform or ether, but we are inclined to think such heroic treatment only called for in a small per cent. of cases.

The indiscriminate use of morphine and whiskey for the relief of patients suffering from dysmenorrhoea (especially those of the neurotic type), and allowing the patient to know the nature of the remedy used, has caused the downfall of many women and added new recruits to that vast army of morphine habitues and dipsomaniacs, hence, the necessity for a faithful effort to give permanent relief in all such cases.

The curative treatment consists in searching for the cause and removing it if possible. Intermenstrual pain and ilio lumbar neuralgia requires the most careful search for their origin. One of the most common conditions met with in the female is what may be called menstrual lumbago, a condition not unlike lumbago in subjects wherein the menstrual element is not to be considered. This condition calls for very similar treatment to the independent lumbago. We find the same conditions as revealed by an analysis of the urine with reference to retention of uric acid and the uric acid diathesis. Dysmenorrhoea occurring in girls of a rheumatic habit should have in addition to such palliative measures as seem indicated for immediate relief, a thorough inter-menstrual treatment with due regard to any existing rheumatic inflammation or irritation, in fibrous and nervous structures of the uterus and ovaries.

conditions frequently established by injudicious exposure of the feet and legs to cold and wet even before the age for commencing menstruation, in which case the organs acquire both increased density and sensitiveness. Hence, the increase of vascular fullness accompanying the beginning of each menstrual period is productive of pain more or less intense.

A suppository containing 2 grammes of chloral hydrate with 5 or 6 centigrammes of extract of belladonna introduced into either the vagina or rectum will quickly modify these painful paroxysms. This local treatment is mentioned as a substitute and adjunct to other palliative measures. Among the inter menstrual remedies recommended by the various authorities on the subject and those found most useful by the writer, may be mentioned Ex. Helonias, Ex. Star Grass ½ gr. Ex. Vib. Prun. gr. I Ex Squaw Vine gr. ½ Caulophyllin gr. ¼ Vib. Op. gr. I. The well known formula (Dio. Viburria Elix.) contains about all the uterine tonics that are of any special benefit as an intermenstrual treatment, for routine prescribing. Special investigation of the cause should constitute the first step, and a careful selection of the treatment which should include hydro and electrotherapy.

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A FEW PHASES OF LEUCOCYTIC ACTIVITY.

By B. BELLE LITTLE, M. S., M. D., Manhattan, Kansas.

Certain forms of leucocytes are, as we know, found in a more or less constant percentage in healthy blood of the adult, while certain other forms are never seen in the circulating blood stream in health, appearing only during some pathological condition of the organism. Percentages of the several forms found constantly in health vary somewhat according to the reports of investigators, but the following percentage closely approximate accepted averages:

Polymorpho-nuclear leucocytes	67-75 per cent.
Small mononuclear lymphocytes	20-30 per cent.
Large lymphocytes and transitonal forms	4-8 per ceut.
Eosinophiles	0.5-5 per cent.
Basophiles as high as	0.5 per cent.

Thus it will be seen that in adult life the polynuclear leucocythe predominate greatly over the other forms. In infancy, however, the small lymphocytes are greatly in excess. During adolescence and continuing through adult life, there is a decrease in the percentage of small lymphocytes and a concomitant increase in the polynuclear leucocytic percentage. Regardless of percentage, the following forms have been described as appearing in the blood stream only during pathological states: Myelocytes, Mast cells, Mononuclear neutrophiles, false lymphocytes and "stimulation forms" (Reizungs formen).

The nuclei, of the polymorphar nuclear leucocytes, are, as the name indicates, many shaped; the various shapes being believed to be indicative of the amoeboid activity of the cell. The protoplasm is studded with very fine granule quite irregular in shape, these granules being more closely packed at the periphery of the cell and the protoplasm becoming more hyaline in character immediately surrounding the nucleus.

The small lymphocytes contain a single round nucleus, relatively large, and almost completely filling the cell body; a very narrow zone of non-granular protoplasm may be detected between the nucleus and the cell wall. The large lymphocytes contain a nucleus round or ovoid in shape, and somewhat eccentrically placed. The protoplasm is non-granular and distinctly visible between the nucleus

and the cell outline.

The eosinophile is characterized by its granular protoplasm, the granules being very coarse and almost uniformly spherical in shape. They are very loosely placed in the cell, with a tendency to obscure the nucleus. The granules frequently become quite detached from the cell and appear as a cloud about it. The nucleus is horse-shoe or kidney-shaped.

The basophile is a variety found in health with great rareity. Its significance is little understood. Its nucleus is polymorphous and its protoplasm finely granular. It is distinguished from other forms which it may resemble by certain staining affinities.

The typical myelocyte somewhat closely resembles the large lymphocyte, but is at once distinguished by its non-granular protoplasm.

The mast cell shows wide range in size, being found as small as 7u and as large as 22u in diameter. Its protoplasm is almost indefinable, the nucleus structurlees, the outline of the nucleus being so indefinite as to appear almost blended with the surrounding protoplasm. The great diversity in size and shape of the protoplasmic granules, not only in different cells, but in the same cell, is highly characteristic of the mast cell.

Three forms of leucocytes, the mononuclear neutrophiles, the false lymphocytes, and "stimulation forms", have been recently described as occurring in certain pathological conditions, but their classification and significance remain undetermined.

While progressive research will undoubtedly show that our present knowledge of the forms and characteristics of the white blood cells is grossly incomplete, we, even now, in the incomplete development of the subject have at our command almost limitless source of aid to the practitioner. Let us look at the subject from the standpoint of the diagnostician.

Normally human blood contains from 7,000 to 10,000 leucocytes to the cu. m. m. An increase above this number in the peripheral blood, the increase involving pricipally the polymorphar nuclear variety, constitutes a leucocytosis. Lymphocytosis, eosinophilia and basophilia are terms applied respectively to an increase above the normal standard in the large and small mononuclear lymphocytes, the eosinophiles and basophiles; common usage limiting the term leucocytosis to an increase in the polynuclear form.

Leucocytosis occurs in definite physiological conditions, as well

as during certain pathological processes. Physiologically it is limited to leucocytosis of the new born, digestion leucocytosis, mechanical and thermal influences, pregnancy and parturition, and preagonal leucocytosis. Physiologically the increase is slight.

Pathologically leucocyosis occurs in a great variety of inflammatory and infectious processes, after hemorrhage, in the presence of malignant disease, and as the result of the ingestion or inhalation of toxines, for example, ptomaines and coal gas.

The occurrence of leucocytosis so generally in pathological processes would lead one to consider it of doubtful utility in differential diagnosis, but further research discloses its value.

I have endeavored to collect from various sources those pathological processes in which a differential count of the various forms of leucocytes would be of material assistance to the physician in diagnoses and an illustrative group I wish to present to you.

Leucocytosis cannot be said to occur in certain types of disease to the exclusion of other types. Thus, unless intoxication is intense and the patients' resistive powers are feeble (factors which may mar the blood picture in any infection) leucocytosis occurs in such infectious processes as small pox, scarlet fever, diphtheria and pneumonia, while it is absent in measles, influenza, uncomplicated tuberculosis and typhoid fever,—and yet all are infections of bacterial origin. What determines this seemingly selective influence is at present obscure.

In considering tuberculosis lesions in various parts of the body, observation of the white cells may be of considerable assistance to the diagnostician. Da Costa says:

"In cases of unmixed infection these cells (that is the polynuclear variety) do not rise above the normal limits of health, but the moment the tubercal lesion becomes complicated by a secondary infectious process, the accident is heralded by a prompt increase in their number. For example, in a simple tuberculous adenitis the count is normal, but should the glands ulcerate, fistulate and become septic a lucocytosis at once develops. As a rule the qualitative changes are inconspicuous, although in some forms of the disease there is a tendency toward lymphocytosis." * * * * * "In pulmonary tuberculosis leucocytosis may be symptomatic of cavities, rapidly spreading broncho-pneumonia and of acute pleurisy."

In tuberculosis of the bones and joints the reports of investigators agree that a high leucocytosis, especially if sudden and rapid in onset, indicates either abscess formation or that its formation is pending, although a moderate and slowly developing leucocytosis

is not incompatible with active extension of an uncomplicated tubercular process.

Low counts in pleural, pericardial and peritoneal effusions are very suggestive of a purely tubercular origin. The count may be high in tubercular peritonitis, owing to co-existing inflammatory processes, which are nearly always present. Tuberculosis of the genito-urinary tract is most frequently accompanied by a leucocytosis, because these cases are rarely uncomplicated.

Observations of the leucocytes throws some dependable light upon the diagnosis of malaria.

But, you may say, observation of the leucocytes is unnecessary when proof is furnished by the presence of the plasmodium in the red cells. If your patient has been taking quinine, search of the red cells may prove futile. If the malarial parasite is present in the blood, at some time during its life cycle malarial pigment may be demonstrated in the polynuclear and mono-nuclear leucocytes. In malarial fever there is a decrease in the number of polynuclear leucocytes with a relative increase in the lymphocytes, involving principally the larger form.

Typhoid fever discloses the same leucocytic picture, excepting where in malaria the large mononuclear forms are increased, in typhoid the small lymphocytes show increased numbers.

Malignant endocarditis often gives rise to constitutional symptoms so profound as to cloud the diagnosis, malarial and typhoid fevers being the pathological conditions most frequently confused with it. Leucocytosis (increase in the polymorphar variety) occurs in malignant endocarditis and is absent in malarial and typhoid fevers.

In obscure cases of pneumonia, leucocytosis excludes tpyhoid and malaria fevers and influenza, conditions most frequently confused with it.

The foregoing conditions are sufficient to illustrate the value, to the diagnostician, of differential blood counts. This field for observation and research is almost limitless.

A knowledge of the behavior of leucocytes in pathological states, becomes of great interest and importance when we consider the function of these elements and the conditions under which these functions are most actively performed.

The phagocytic action of the leucocytes has long been considered their predominant function. Modern research confirms this view of the older investigators, but at the same time it presents

proof of a more elaborate method of protecting the body from the deleterious influences of invasion by organisms, than by the mere mechanical inclusion of foreign bodies by leucocytic amboid activity.

Results of research by Wright & Douglas of London, are unprecedented and lead one to believe that we are only on the border line in knowledge of the manner in which the protective functions of the human economy are executed.

The leucocytes have been brought into relation with antitoxic immunity and the formation of antitoxin, with bactericidal and bacteriolytic effects, and in an indirect way with agglutinins and opsonins.

Regarding the relation of the leucocytes to anti-toxic immunity and the formation of anti-toxin it is my purpose only to suggest the trend of opinion, which is quite concisely done in the following paragraph extracted from a recent work by Rickets on "Infection, Immunity and Serum Theraphy."

"In experimenal tetanus exudates which are rich in leucocytes contain more toxin than does a similar quantity of blood. That is to say, the leucocytes have the power of absorbing toxins and it is held that the natural immunity of the animal depends on the degree to which this power is present. The immunity of the chicken to tetanus depends not on non-susceptible nerve-cells, but upon the absorbing power of the leucocytes for the toxin. Not only do leucocytes absorb toxins, but it is held that they also are the producers of antitoxins,. As compared with the "side chain theory" it is a peculiarity of the view of Metchnikoff that antitoxin does not represent a constituent of the tissue cells, but rather the toxin itself which has been altered by leucocytic activity in a manner as yet obscure. In passive antitoxic immunity the idea of chemical union between toxin and antitoxin does not meet with general acceptance among the upholders of the phagocytic theory. It is sometimes said that antitoxins are efficaceous from the fact that they stimulate phagocytosis (absorption) of the toxin, the latter then suffering disintegration in the leucocytes."

Thus we may accept any one of several theories regarding the function of leucocytes in immunity as follows:

1. The leucocytes absorb the toxins and, if you please, disintegrate them after absorption.
2 The leucocytes elaborate antitoxins.
3. The leucocytes alter the toxins chemically, thereby producing antitoxins.

The bactericidal and bacterolytic functions of the leucocytes have been established beyond peradventure, but recent disclosures

have proven them to be more complex processes than heretofore believed. According to the researches of Wright & Douglas active leucocytic ingestion of organisms depends much on certain elements contained in the blood serum, namely, agglutinins, but more especially, opsonins.

Theoretically agglutinins render the organisms less motile, so they are more readily captured by the leucocytes.

Opsonins appear to be more intimately associated with the leucocytic ingestion of organisms.

If, in experimentation, the leucocytes be washed free of all serum, their ingestion of bacteria is quite limited. Figuratively speaking, they lose their appetite; some nibble here and there, others linger around in a half hearted way, while still others in true ameboid fashion put out pseudo-legs and walk away. But if the bacteria are treated with blood serum before being offered to the leucocytes, lecuocytic activity is marked. They speedily gorge themselves to their fullest capacity.

A discussion of the pathological condition causing an increase or a decrease of the opsonic index and the therapeutic measures for bringing about its normal standard is beyond the scope of my subject.

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MINOR SURGERY.

By R. C. LOWDERMILK.

In considering this subject no effort will be made to describe any particular operation, but rather devote myself to a general consideration of the technique of such work with special reference to such methods as I have personally found useful.

By the term Minor Surgery, we understand those operations which are not of such a nature as to endanger either life or the general functions of the parts involved. This constitutes the greater part of the surgical work done by the general practitioner and consequently has greater interest for him than does major work, most of which, because of our lack of experience as well as proper facilities, is referred to others. For the proper performance of this work it is essential to have a fairly complete equipment. While most minor work may be done with such instruments as are contained in a pocket case it is desirable to have an assortment of instruments the number of which will be limited only by the expense. Some kind of table or chair is found in nearly every office as are also douch bags and a Kelley pad. A sterilizer should be in every office, but unfortunately is not. I have known men to enjoy large practices without any means of sterilizing their instruments except washing them in some antiseptic solution. After instruments are sterilized and placed in the case a small vessel filled with formalin may be placed with them; the gas from this will fill the case without any injury to the instruments and will act as a constant disinfectant. A few glass jars, such as cigars are packed in, make convenient containers for gauze, cotton, and other dressing materials. To secure a constant supply of sterilized water I had a tinner make a container from sheet copper having a capacity of about six gallons and provided with a closely fitting cover and a faucet. This is kept filled with sterilized water and by attaching a tube to the faucet it becomes an irrigator. The addition of some boiling water may be made if desired, which raises the temperature to any desired point.

For doing work away from the office it is well to have a Gerster bag. This is a bag of the log cabin style, about eighteen inches long, fitted with loops inside for holding bottles and instruments, and provided with two pans about two inches deep, nested,

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and just fitting the bottom of the bag outside. These are held in place by straps, occupy no room, and serve both for sterilizing and as instrument trays.

The different pharmaceutical houses offer a large number of preparations for use in dressing wounds, and the number is being constantly increased; I shall mention only a few which meet every requirement. For dry dressing nothing is equal to iodoform; the only objection being its disagreeable odor, which may be modified by the addition of cumarin in the proportion of one per cent. Should an odorless dressing be preferred glutol will meet all requirements; this is prepared by passing formaldhyde gas into a solution of gelatin, drying and powdering. It is perfectly odorless and in contact with living tissues slowly liberate small quantities of formaldhyde gas which exert a constant disinfectant effect. One of the most generally useful dressings is Campho-phenique used either pure or with olive oil. It may be easily and cheaply made by adding four parts of pure glacial carbolic acid, liquified by heat, to six parts of gum camphor. In a few hours they will liquify when the resulting solution is strained through cotton and is ready for use. In making it care must be taken to use the pure crystals of carbolic acid as the addition of the least quantity of water will spoil it. It will not mix with water or glycerine, but may be diluted with olive oil. While it contains forty per cent of phenol in addition to the camphor, which is also an excellent antiseptic, it is absolutely non-irritant. Only when applied to large raw surfaces such as extensive burns, have I ever seen any bad results from absorption of the phenol. Another useful application for use on burns and to promote granulation is a ten per cent. solution of balsam peru in castor oil.

Some kind of anaesthetic is often needed, and to avoid the danger of using a general anaesthetic, several methods of local anaesthesia have been devised. The best for general use is the Schleich infiltration method, as it is effective and absolutely safe. The solution is made by dissolving two grains of cocaine, one-half grain of morphine and four grains of common salt in four ounces of sterilized water. This is injected into the skin and then into the deeper tissues and causes complete anaesthesia, which lasts, about half an hour. Another method which is now being exploited is the morphine-hyoscine injection, in my experience it is fairly satisfactory in some cases and an utter failure in others. It is still an experiment and may be so improved as to make it a useful method in the future.

Before doing any operation, no matter how trivial, both the operator's hands and the field of operation must be thoroughly cleansed, since the danger of sepsis is as great in a small operation as in a large one. If the field is covered with hair it should always be shaved. For cleansing the parts a liquid soap will be found convenient and effective, and may be made by adding two parts of green soap to one part of alcohol. This may be scented with oil of rosemary if desired After thoroughly scrubbing the field of operation with a stiff brush it is flushed with a solution of bi-chloride of mercury and the surrounding parts protected with towels saturated with the same solution. Since it is seldom necessary to bury sutures in this work silk is usually the only suture material needed. For some work an ordinary curved perinal needle will be found very convenient for suturing; the sutures can be placed more rapidly, no needle holder is needed and the needle does not have to be threaded.

The wound is usually dressed with gauze, cotton, and a roller bandage and it may not be amiss to say that cotton should never be placed in contact with the flesh because of the difficulty of removing it at the subsequent dressing. In many cases, such as scalp wounds, a very efficient and inconspicuious dressing may be made of cotton and collodion. In using this care should be used to have only enough cotton to give strength to the collodion, if too much is used the dressing is stiff and liable to come off. This is applicable only to clean wounds where neither suppuration nor hemorrhage is expected. If the wound is oozing, or if some suppuration is expected, a very neat dressing may be made by using a small piece of cotton between two pieces of gauze, the edges of which are secured to the skin by collodion. This avoids sealing the wound and will take care of a small amount of discharge.

In wounds of movable parts, such as the hand, the use of splint will make the patient more comfortable and also promote the healing process.

Minor surgery is usually emergency work, and is done by the local physician. Being visible, it appeals to the patient and his friends to an extent that medical diagnosis and treatment cannot. The amputation of a finger, if done neatly, does more to enhance the reputation of the physician than does the correct diagnosis and proper treatment of a case of typhoid. For this reason, if for no other, it will pay the general practitioner to give more attention to this work.

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Meeting of State Society.—The Kansas Medical Society will meet at Iola May 6, 7, 8, 1908.

Dues for the year 1908 should be paid at once, so that all members may receive their 1908 membership card.

At the meeting of the Council of the Kansas Medical Society, December 27, 1907, Dr. E. J. Lutz presented the following resolution:

Resolved, That the council of the Kansas Medical Society commend the action of the president in the stand he has taken, by issuing an order, giving the medical corps of the navy actual control, where it has actual responsibility.

This resolution was unanimously adopted and the secretary was directed to send a copy to Surgeon General Rixey of the Navy.

An article published in the Chicago Record-Herald, by William E. Curtis, under date of November 10, 1907, contains the following paragraph:

When the Attorney General convicts the Cotton Growers' Association of conspiracy in restraint of trade and sends all the planters in the South to jail, he will then proceed against the medical associations of the country, which have fixed the fees that physicians shall charge their patients. That is clearly in restraint of trade. Every doctor belonging to an association is compelled to make out his bills according to a schedule fixed by the association; he is not allowed to do business any cheaper and the public cannot secure medical attention without submitting to the exactions of this great trust. And that is what he means when the President says there are good trusts as well as bad trusts.

This coming from so distinguished an authority as Mr. Curtis,

may lead many people to think the Medical profession has formed a trust.

The medical profession is better organized today than it ever was, and this organization was not accomplished for the purpose of raising fees or adopting any schedule of fees, but that we may become more proficient in our profession, and command the respect that is due to the science of medicine. While there has been in recent years increased cost in the expense of living, and increase in the price of labor, the doctor has accepted the same fees that were established twenty-five years ago. Mr. Curtis should investigate before making such sweeping charges.

Meeting of The Council.—The council of the Kansas Medical Society met at the Grund Hotel, Kansas City, Kan., December 27, 1907. Those present were Drs. J. E. Sawtell, President; Chas. S. Huffman, secretary and L. H. Munn, treasurer. Councillors present: C. C. Goddard, First district; H. B. Coffey, Second district; A. J. Furst, Fourth district, and Preston Sterritt, Seventh district. All councillors present made verbal reports as to the condition in their respective district. The reports as to the condition of the county societies were favorable. A few counties have found it difficult to keep up their organization. The reports show that it requires constant hard work on the part of the councillor to keep up their interest in the county societies. This brought out the fact that the councillor districts are too large, and it is impossible for any one man to do all the work that should be done in a district. It is due Dr. O. J. Furst of the Fourth district the credit of calling attention of the council to the size of the councillor districts and that the state ought to be re-districted. Much more effective work could be done if we had smaller districts. At the state meeting Dr. Goddard and Dr. Garrett were appointed a committee to go to Iola and consult with the Eagles relative to lodge practice. Dr. Goddard reported that nothing could be accomplished at that time. He also reported that he visited Brown County, where complaint had been made that a physician in good standing in Douglass county had assisted and helped an irregular living in Brown county, and that Brown county society wanted the Douglas county society to prefer charges against the member who had assisted the irregular. The council will await action by the Douglas county society.

The matter of editor was deferred until the meeting of the State Society. Iola was selected as the next place of meeting of the State Soceity, which will be May 6, 7, 8, 1908. Council adjourned.

SOCIETY REPORTS.

The Sumner County Medical Society's Second Annual Banquet.

The Sumner County Medical Society held their second annual banquet at Wellington, Thursday evening, January 1, 1908. An excellent program was prepared for the evening, as well as a sumptuous spread. The following is the list of officers and members of Sumner County Society:

OFFICERS.

F. M. Owens, Argonia, President.
Mel Collins, Oxford, Vice President.
J. M. Hunt, Wellington; E. A. Evans, Conway Springs; F. G. Emerson, Wellington, Censors.
W. H. Neel, Jr., Anson, Delegate.
T. H. Jamieson, Wellington, Secretary-Treasurer.

MEMBERSHIP.

S. T. Shelly, H B. Morton, H. A. Vincent, W. H. Neel, Sr., Eugene Pile, F. B. May, Melvin Collins, W. S. Bartlett, E. G. Farris, J. J. Sippey, E. A. Evans, F. M. Owens, D. E. Kissecker, T. H. Jamieson, I. T. Gabbert, J. L. Halliday, J. F. Robertson, F. G. Emerson, E M. Williams, L. F. Harmon, J. M. Hunt, H. E. Hoke, J. C. Robb, S. W. Spitler, R. H. Shippy, J. A. Rea, G. R. Waite, H. L. Cobean, W. H. Neel, Jr., W. M. Martin, R. A. McIlhenny, T. J. Hollingsworth, Walton Rea, Robert Downing, G. L. Millington, L. S Coplean, Probationer, Dr. Dildine.

Cowley County Medical Society, Arkansas City, Kansas, December 16, 1907.

OFFICERS.

F. H. Guinn, President.
Willis H. Hall, Vice President.
O. B. Wyant, Treasurer.
H. L. Snyder, Secretary.

PROGRAM.

1 President's Address—"Suggestive Therapeutics and Ethical Quackery", Dr. J. H. Guinn, Arkansas City.
2 Paper—Treatment of Scarlet Fever, Dr. B. C. Geslin, Arkansas City.
3 Paper—Causes of Imbecility, Dr. I. N. Clark, Winfield.
4 Paper—Hypodermic Anasthesia, Dr. R. W. James, Winfield.
5 Opsonins, Dr. R. Claude Young, Arkansas City.
Electon of Officers for 1908.
Payment of dues for 1908.
Other business of importance.

SHAWNEE COUNTY

Editor Journal—The annual meeting of the Shawnee County

Medical Society was held December 21, at the Throop hotel. About two-thirds of the society's membership was present. The application of Dr. L. B. Bushong was approved and he was elected a member of the society

New officers for the year 1908 were elected as follows: Dr. D. E. Esterly, president; Dr W. E. McVey, vice president; Dr. W. A. Wehe, treasurer; and Dr. J. B. Tower, secretary. Dr. O. P. Davis was electd member of board of censors.

The report of the treasurer, Dr. Wehe, showed the society to be in a prosperous condition, with 63 members in good standing with all dues paid.

Dr. W. C. McDonough, the outgoing president, delivered the annual message to the society, in which he complimented the society on the work of the past year. He urged the presentation of more clinical cases and a better attendance. He recommended a similar program for the coming year to that of the present one.

After duly installing Dr Esterly, the new president, in the chair, the meeting adjourned to the banquet hall.

J B Tower, secretary.

LABETTE COUNTY

Editor of Journal—The Labette County Society met at the Matthewson hotel last night, for the annual election of officers The following were selected: President, Dr. Geo. Leggett, Oswego; Vice President, Dr. Geo. Maser, Parsons; Secretary and Treasurer, Dr. O. S. Hubbard, Parsons; Delegate, Dr. E. W. Boardman, Parsons; Censor., Dr. A. D. Smith, Parsons. Preceding the election the following program was given:

Dr. Maser demonstrated a case of detached retina due to trauma, upon which he had operated with great improvement in function. He also demonstrated an enucleated eye, which, on being opened, was found to contain a large steel splinter.

Mr. Chas. Kimball gave a talk on legal medicine, which was much appreciated by the society.

ALLEN COUNTY

Editor Journal—The Allen County medical Association met on their regular meeting night in the court house, Iola, Kan., Wednesday evening, December 18, 1907, and after listening to a very interesting review of the current month's medical literature by Dr. Heylmun, elected the following officers for the ensuing year: Presi

dent, F. H. Martin, Iola; Vice President, J. H. Hindman, Humboldt; Secretary, P. S. Mitchell, Iola; Treasurer, D. W. Reid, Iola; Censor, C. W. Rennick, Gas. Secretary's report for year was read which showed a very prosperous year with everything encouraging for the future. Routine business was disposed of, in which a very interesting feature came up that might interest some. It was unanimously decided by the association that a committee be appointed to wait on the county commissioners and inform them that with their consent the association in the future wished to take care of the "official" pauper practice and the money be paid into the association treasury. If this meets with the approval of the commissioners and they accept, the association will have a constant fund on hand to support laboratory, library and a place of their own in which to meet. I would like to suggest the experiment to other societies. We have been working on this for several months and the report from the Tuscola (Mich.) society renewed our interest.

P. S. Mitchell, Secretary.

MONTGOMERY COUNTY

Editor Journal—The physicians of Montgomery county held their annual meeting at the Carl-Leon yesterday, and at the conclusion of the sumptuous banquet served by Host Hines of the Carl-Leon last evening, it was voted that the wives, or those who have wives, should participate in next year's feast. Those who have not wives, of course, will be expected to make arrangements between this and the time of the next gathering.

Out of sixty invitations mailed by Doctor J. R. Scott twenty-eight responses were received, and the meeting was both a social and scientific success.

The following officers were elected for the following year:

President, Dr. H. M. Casebeer, Independence.

Vice Presidents, G. M Seacat, Cherryvale; I. B. Chadwick, Tyro; G. J. Bigelow, Caney; Mary S. Martin, Coffeyville.

Secretary, W. C. Chaney, Independence.

Treasurer, W. E. Young, Cherryvale.

Member Board of Censors, C. E. Wickersham, Independence.

Applications for membership were received from the following physicians:

Coffeyville, C. E. Grigsby, G W Brown, L A Jacobus

Independence, J T Davis, J E Dwyer, E A Miner, B F Taggart, W S Hudiberg

Elk City, J T Blank, J. N. Strawn.

LeHunt, J. N. Davis.
Liberty, M. J. Williams.

WILSON COUNTY

Editor Journal—The Wilson County Medical Society met at Fredonia December 10th. Meeting called to order by Dr. A. H. Rogers in absence of the president. Roll call showed six members present besides Dr. W. H. Young of Fredonia—a visitor—but afterwards a member.

A paper by Dr. F. K. Day of Neodesha, on general anesthesia, was presented and it covered the ground most thoroughly. An informal discussion followed, in which all present took part. One speaker was of the opinion that chloroform was used too frequently in obstetrical work. For sometime he had been using forceps when indicated without giving chloroform or any other anesthetic, and it was the opinion of the speaker that very few cases of even forcep delivery required an anesthetic. His views were not shared to any extent by those present. The new and extensively advertised anesthetic—H. M. C., of Abbott—was thought worthy of further and careful investigation. Dr. L. L. Jones of Altoona, had a cyanotic baby after giving one half strength tablet. Later he did not have the same trouble. Dr. Young spoke of having a cyanotic baby his first experience, but the second time after having given two full strength tablets and a quarter grain of morphine besides he had a bouncing baby. The trouble with the majority of the reports on the H. M. C. combination read something like this: "Have used her in a number of cases and she is a dandy", not giving indications or results and leaving the reader completely in the dark.

On motion of Dr. L. L. Jones, it was decided to make a program for the year 1908, divide the membership into sections of four, beginning at the "A's", assigning the members of Section One to read papers at our February meeting, Section Two at our April meeting and so on through the year. The members are to choose their own subjects early in the year and notify the secretary.

An invitation was extended to Dr. W. H. Young to join our society. He stated that he was a member of the Kansas Electic Society, wished us to know that, before we took action on his application. It was quickly and unanimously decided to admit him one among us.

Dr. T. Blakeslee of Neodesha was granted a life membership in our county society.

The treasurer's report for 1907 read and accepted. It showed $56.00 collected, $38.00 remitted to state society and $3.50 incidental expenses, leaving a balance on hand of the 1907 business of $14.50. Five members paid their dues for 1908, which is not included in this report.

Nominations being in order for officers for ensuing year Dr. W. H. Addington of Altoona was elected president; Dr. A. H. Rogers, vice president; Dr. E. C. Duncan, secretary and treasurer; Drs. F. K. Day, L. L. Jones and A. C. Flack, censors.

The dues should be sent to the secretary within the next thirty days; they should be in the hands of the State Secretary in January.

Meeting adjourned to meet at Fredonia second Tuesday in February.

Fraternally,

E. C. Duncan, Secretary.

CHEROKEE COUNTY

Editor Journal—My Dear Doctor:—The Cherokee County Medical Society held its annual meeting in Galena, Tuesday evening, December 10th. As our president, Dr. Scoles, was unable to leave home on account of sickness, the meeting was held at his residence. Several members were present from the northern part of the county. The secretary's report showed a good balance in the treasury to the credit of the society and thirty-one members in good standing. The program committee reported a program for the coming year, which was adopted. Dr. McClellan reported a case of traumatic arthritis with details of treatment, which elicited a lively discussion. Dr. Lowdermilk read a paper discussing the general technique of Minor Surgery as done by the general practitioner. The society voted to make Galena the regular place of meeting, and to hold all meetings there unless otherwise directed by vote of the members at subsequent meetings. Election of officers resulted as follows: President, Dr. J. P. Scoles, re elected; Vice President, Dr. J. H. Green; Secretary-Treasurer, Dr. R. Claude Lowdermilk, re-elected; Member Board of Censors, Dr. Geo. B. McClellan. As there are only about fifty physicians registered in the county we consider our membership of thirty-one a very creditable showing.

R. Claude Lowdermilk, Secretary.

LEAVENWORTH COUNTY

Editor Journal—At a meeting of the Leavenworth County Med-

ical Society held on the 9th of December the following named officers were elected for 1908: R. L. Boling, president; J. W. Risdon, vice president; Chas. J. McGee, secretary; Chas. E. Brom, treasurer. Meeting adjourned until the second Monday in January.

Chas. J. McGee, Secretary.

RICE COUNTY

Editor Journal—The Rice County Medical Society met at Lyons Decmeber 19 and elected the following officers: President, J. S. McBride, Lyons; Vice President, J. H. Powers, Little River; Secretary-Treasurer, H. R. Ross, Sterling; Censor, E. C. Fisher, Lyons. The society voted to arrange for a joint meeting with Barton, Reno and Ellsworth counties to be held at Lyons.

Arrangements were made to have programs printed for the year. This plan has been followed the past two years and has proven a success. The society is in a prosperous condition and anticipates a profitable year's work. H. R. Ross, Secretary.

McPHERSON COUNTY

Editor Journal—McPherson County Medical Society met December 23, 1907, at the court house in McPherson at 2 p. m. Doctors present were J. W. Van Blaricum, L. A. Bradbury and G. R. Dean of McPherson, A. Philblod of Lindsborg, E. R. Smith of Marquette, C. D. Weaver of Galva and J. C. Ulrey of Windom.

One paper was read on "Infection" and freely discussed. One case was presented as a clinic.

Annual election of officers resulted in E. O. Smith, president; L. A. Bradbury, vice president; J. C. Ulrey, sercetary and treasurer; C. D. Weaver, delegate to meeting with G. R. Dean as alternate.

Society voted to take up the post graduate course as outlined in the J. A. M. A. as far as practicable to do so at its meetings hereafter. A paper on "Bright's Disease" will be read at our next meetiug by C. D. Weaver. J. C. Ulrey, Secretary.

SEDGWICK COUNTY

At the meeting of the Sedgwick Couty Society January 7, Dr. J. D. Clark was elected president, Dr. C. E. Scott, vice president; Dr. W. A. Phares, secretary and treasurer; Dr. J. L. Evans, delegate and Dr. J. C. Brown, censor.

NEOSHO COUNTY

Editor Journal—The Neosho County Medical Society held its annual election of officers on December 27, 1907. The officers elected by the society for the ensuing year are as follows: President, Dr. J. B. Edwards; Chanute; Vice President, Dr. A. M. Davis, Chanute; Secretary, Dr. R. A. Light, Chanute; Treasurer, Dr. J. C. Lardner, Chanute; Censor, Dr. R. C. Henderson, Erie; Delegates, Dr. R. A. Light and Dr. T. R. Edwards. The society is thriving and growing. Fraternally,

R. A. Light, Secretary.

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ABSTRACTS.

The Decline of Medical Incomes.

From The St. Louis Medical Review for April 27, 1907.

The American Medical Journalist for March contains a forceful editorial article on The Decline of Medical Incomes. The writer does not agree—neither do we—to the thesis that it is all due to the nostrum vendors and the proprietary medicine men, but accuses such important factors as "the unprecedented increase in recent years of free hospitals, dispensaries and clinics;" the "establishment of many more teaching institutions than is necessary or desirable;" and the "fearul lust for surgery." In all these things the profession itself is primarily to blame. In the first case "the feverish desire of medical men to be identified with institutional work" alone renders it possible for these quasi-charities to obtain the necessary financial support. The irresponsible and unendowed medical colleges, which exist primarily that certain medical men may get ahead of their colleagues by virtue of the public prestige attaching to a "professorship", must have students, in order to exist, so they overcrowd the profession with medicos fitted neither by temperament, character, ability, nor preliminary education. As to the last cause, "hundreds, even thousands, of doctors, competent or not, have aspired to be surgeons" as bringing greater returns, both in kudos and cash, and have thus driven numbers of people to turn aside to irregulars of all kinds who have not been slow to seize the opportunity. The author continues:

"The fact is that the medical profession must awake and get down to fundamentals. Every doctor must recognize that his primary function as a medical man is to meet the needs of the sick. This means to be useful

rather than brilliant, resourceful rather than prejudiced, broadly intelligent rather than dogmatic. . . . Above all it means less cant, criticism, and conflict between doctors themselves, and a more ready acceptance of every intelligent idea, method, or remedy, no matter what its source, that will make today's results a ilttle better than those of yesterday."

We cannot endorse too strongly the following words quoted from an editorial in the New York Medical Journal for February 9th:

"Wisdom is better than learning in many of the affairs of our daily life, and to say this is not in the least to depreciate scholarship, for it must be recognized that so far as medicine is concerned, science can never wholly part company with intelligent empiricism."

To us it seems that the root of the evil lies deeper than has been suggested yet. It lies, in our opinion, in vicious early training, which neglects the individual standard of self respect.

Youth is taught to plant its self respect on the platform of a comparison between itself and others, instead of on measuring up to the standard of its own individual highest possible capacities, moral, mental and physical, without reference to those of others, one or many. This creates a false standard of success, so that there is fostered a desire to be thus and do so, because others are thus and do so, and not because thus and so necessarily fulfill one's highest judgment as in themselves desirable. One is on the stage all the time and one's mind is centred on "how it looks from the front." And so one schemes for wealth, more or less, not to fulfill actual needs of one's individual nature or to enable one to follow in absolute independence one's own high ideas, but to "keep up with the procession." This may do in commerce, which (commerce—not necessarily commercial men, with who the matter is a purely individual one) has no ideals at all worthy of the name, but it is high treason to the majesty of any true profession. To the true professoinal man the opinion held of him by fifty thousand is of no whit more importance than that held by one, unless it can compel the assent of his own convictions in each individual instance.

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NEWS AND NOTES.

Training in Medical Organization.

The students of the University of Pennsylvania Medical School have formed an organization the purpose of which is to acquaint the undergraduates with the workings of the American Medical

Association, after which it is very closely modeled. The various societies take the place of the state organizations and elect members to a House of Delegates, which transacts all the business of the association. An annual meeting is held at which papers are read by chosen members, thus encouraging research and a scientific spirit. The organization is named The Undergraduate Medical Association of the University of Pennsylvania, and already has over two hundred and fifty members.

Fake Fight Bankrupted Him.

Salina, Kans , Jan. 6—Involuntary bankruptcy proceedings were filed with Referee Z. C. Milliken here this morning against Dr. C. E. Nelson of Phillipsburg, Kans. The liabilities are about $25,000, and Dr Nelson says the assets will amount to $30,000. Dr. Nelson has been one of the most widely known physicians in Northern Kansas for years and was krown as a breeder of fast horses. He was the victim of a band of swindlers in Denver about two months ago and lost $9,900 of borrowed money on a bogus prize fight. Before the money borrowed was due the money panic developed, and inability to borrow or to dispose of his property forced him into bankruptcy. All of his property was placed in the hands of a receiver a few days ago.—From the Kansas City Star, Jan. 6, 1908

The following articles were added to the list of new and non-official remedies prepared by the Council on Pharmacy and Chemistry, which was published in the Journal January 4: Guaiacol Carbonate Comp ..(H.. K. Mulford Co.) Neuro-Lecithin (Abbott Alkaloidal Co.)

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BOOK REVIEW.

The Perpetual Visiting List and pocket reference book, including information in emergencies; published in St. Louis by J. H. Chambers & Company.

This is a cloth bound folder containing an undated weekly call list, a few lines for monthly memoranda, four pages for clinical memoranda, a page for nurses' addresses, six pages for an obstetrical record, two pages of birth records, two pages of bills rendered, four pages of cash received, six pages of miscellaneous memoranda, one page of death records, two pages of vaccination records, two pages for articles loaned, and one page for cash loaned. It contains also a dose table, the poisons and their antidotes, and some direc-

tions for artificial respiration.

A Treatise on the Diseases of The Skin, Henry W. Stelwagon, M. D., Ph. D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Fifth edition. This is a book of 1150 pages with 67 text illustrations and 34 full page and halftone plates. Published by W. B. Saunders & Co., Cloth $6.00 net; half morocco, $7.50 net.

One notes in this last edition that the additions consist mostly of those prevalent in the tropics notably dhobie itch uncinarial dermatitis tisnea imbricata and verruga peruana. There are fifteen new illustrations. In the subject matter the treatment in accord with present tendencies, is given most consideration. The author not only states what he believes is best for the disease, but tells definitely how to use the remedies to best advantage. Symptoms are given with the author's previous carefulness in detail and completeness, which makes up in large part for the lack of differential diagnosis. The index is complete with common names as well as the Latin so that one readily finds what he is looking for. All in all the book shows considerable improvement over the old editions which have been standard texts on this subject. S. C. E.

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Used in Miscarriage—Just What Was Wanted.

I find your H-M-C hypnotic anesthetic just what I have wanted for some time, and will keep a supply always on hand. In miscarriage where the placenta must be removed under anesthesia they are the very thing and relieve the operator of the worry of chloroform or ether. I believe them superior to the morphine and atropine hypodermic as more lasting and certain in effect.

Dr. A. D. Barnett, Guilford, Mo.

Greatest Accessory of Modern Times.

I used your H-M-C tablet in operating for ventral hernia. A previous operation failed to get union. I handled the intestines for a lesion and in closing the wound lapped the muscles well and used strong staple sutures after the Mayo method for umbilical hernia. I gave one tablet two and a half hours before operating, repeating in a half hour. During one hour's work she inhaled only twenty drops of chloroform, and could have done without that; especially if I had given the third tablet. This combination is destined to be one of the most important accessories to capital surgery in modern times. J. M. Inge, M. D., Denton, Texas.

H-M-C in Texas.

I used Hyoscine Morphine and Cactin Comp. upon two tough cases, one an old man of sixty-five, with renal colic; and allow me to go on record as saying it relieved him completely within fifteen minutes The other was a Mexican who had had singultus for three days and I had given all of the remedies I thought of, read or heard of with no results. He was growing worse. In just three minutes after this first dose he stopped hiccoughing to stay stopped. I am inclined to the belief that H-M-C Abbott will be a greater boon to humanity than chloroform or ether because of its so much wider range of usefulness. Dr. B. R. Bradley, Hondo, Texas.

Various Hospital Cases.

Case 1. Enucleation of eye in hospital. The patient did not know she had left the ward; could not believe operation had been performed. About two drams of ether used. Prompt recovery.

Case 2. Appendectomy in hospital. Man, 68, did not know he had been from ward for operation; felt fine after it, no nausea, very little ether given, usual recovery.

Case 3. Private, perineorraphy. Asleep before second hypodermic injection; did not know of taking the little ether and could not realize operation had been done. Perfect result.

Case 4. Obstetrics, primipara, breech presentation, very nervous, calling for chloroform. Gave one H-M-C hypodermic injection, within fifteen minutes a change; took things easy, worked with pains, forceps applied, had difficulty bringing down arms and delivering head, but as she did not resist, but helped herself, we finished in time to save the child. No perineal tear, normal recovery. I think it a fine combination.

Many other hospital cases similar to those reported.

E. W. Smith, M. D., Meriden, Conn.

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The Injection Treatment of Neuralgia.

International Journal of Surgery.

Dr. E. Schlesinger states that while injections of alcohol into the nerves are adapted for neuralgias of the sensory nerves, they are attended with risk in the case of nerves having a mixed function, such as the sciatic, as they may cause paralysis. By injecting fluids at ordinary temperature into the vicinity of nerves according to the suggestion of Alexander prompt relief is afforded but even better results may be obtained by cooling the injection fluid. In case of sciatica, Schlesinger now injects a saline solution at a freezing temperature in amounts of 10 ccm. into the painful points. If the sciatica is of chronic character, the painful points are found about the trochanter and the crest of the ilium, Even in obstinate cases immediate relief of pain is produced, and should it later recur another injection is sufficient to cause its permanent subsidence. In his opinion 70 per cent. of all neuralgia are either of gouty or diabetic origin. a fact which is not sufficiently well-known. This method is also adapted for the treatment of supraorbital neuralgias coccygocynia and tee girdle pains of tabes. According to Dr. Alexander the temperature of the injected fluid must be less than the bodily temperature, but he had found it impossible to inject a fluid of lower temperature than that of the room, as it immediately assumes that temperature as soon it is drawn into the syringe.